Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No	73-	28/	
File			

FLOYD: County 5-17-79	
MALE Medical Examination Report Dated Name of Physician Name of Physician	Date of Application FEMALE Medical Examination Report Dated Name of Physician
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	tement—Whoever procures the isomance of a license to marry by any false statement, representa-
Name First Middle Lot	FEMALE APPLICANT
mark I Banet	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign county)	Place of Birth (State or foreign country)
Residence Address Street or R City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Cert. Dadicial Decree	Color or Race White Negro Other (specify)
Other (Specify)	Usual Occupation (Melphonia
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes	Date of birth verified by: Birth Cert. Lucicial Decree
Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind? No Yes Yes	Other (Specify) 1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes	An Imbecile? No Yes
If answer to 3 is "yes" has the cause of such condition been removed? No Yes 4. Are you afflicted with a transmissible disease? No Yes	Of Unsound Mind? No Yes
5. Are you related to the bride closer than second cousin? No No Yes	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor? 7. Are you now under the influence of a narcotic drug? No Yes	3. Are you afflicted with a transmissible disease? No ☐ Yes ☐ 4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
8. Are you able to support a family? 9. Are you likely to so continue? Yes No	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a. b. c)	6. Are you now under the influence of a narcotic drug? No Yes
(a) List their full names, ages and addresses	7. Full name of father the father than the fat
Name Age Address	Residence of father (V) deceased sq state)
	Occupation of father Race of father Race of father Birthplace of father (State or foreign copatry)
	8. Full maiden name of mother Saylvan July
(b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for their support? Yes□ No□ Yes□ No□	Residence of mother (if deceased so state)
their support? Yes No Yes No	Occupation of mother The Company of mother Samuel
Residence of father (Af deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father Maintinania place of father agency	State of Indiana,
Birthplace of father (State or toreign country)	County of State of Indiana, Bas: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother (Lagrange State) Residence of mother (if deceased so state)	Signed & Denies K. Young
Occupation of mother A W Make of mother Samuel	New Address.
Birthplace of mother (Space or foreign country)	Subscribed and sworn to before me this
State of Indiana, County of BB: I depose and state the information given in this conflication is true and confidence.	- William Cochia Clerk FLOYD Circuit Court
Signed & Mark I Sanot	
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this day of 197	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
WILLIAM Clrevit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana, County of
State of Indiana, County of	SignedFather
SignedFather	
Signed	Signed
Subscribed and sworn to before me thisday of	Substitute and sworn to before the time
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
inauthorizes and directs the issuance of	and filed
BE II Remembered , there was filed in my office a marriage licens	E AND MARRIAGE CERTIFICATE Floyd se issued by the clerk of the
of Indiana dated the 22 day of May	, 19, authorizing the joining together as husband and wife
of Indiana dated the 22 day of May Mark T. Banet Be it further remembered, the following marriage certificate was filed in my of	nd Denise K. Young
Rev. Paul Sweeney - h	nereby certify that on the 25 day of May
one thousand nine hundred and seventy-four	rt Floyd Knobs , County of Floyd
I, Rev. Paul Sweeney one thousand nine hundred and seventy-four State of Indiana, Groom Mark T. Banet and, Bride Denise K. Young were by me united in marriage as authorized by a marriage license issued for t	of County, State of Thoma
and, Bride Denise N. Young of	County, State of Flord,
were by me united in marriage as authorized by a marriage license issued for t	hat purpose by the Clerk of the Circuit Court of
Dated this 25 day of May 19	Poul Stroeport
*	Signed Paul Sweenev
Filed and recorded in accordance with the laws of the State of Indiana this	10 June 74
	Signed William C. Coohran Clerk
	FLOYD Circuit Court